

CERTIFICATION OF FACSIMILE TRANSMISSION:

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE USPTO ON THE DATE SHOWN BELOW:

Date of Transmission: January 20, 2004

Name of Person Making Transmission: Cindy Kane

Signature: RECEIVED
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JAN 27 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn Re Application of _____ :

January 20, 2004

CAROLINE BOULENGER _____ :

Group Art No.: 2822

Serial No. 09/756,997 _____ :

Examiner: Christy L. Novacek

Filed: January 8, 2001 _____ :IBM Corporation
Bldg. 300, Zip 482Title: METHOD FOR ELIMINATING
DEVELOPMENT RELATED DEFECTS IN
PHOTORESIST MASKS _____ :2070 Route 52
Hopewell Junction, New York 12533

OFFICIAL -

AMENDMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action dated October 21, 2003, kindly amend the above-identified application as follows.

FR919990065

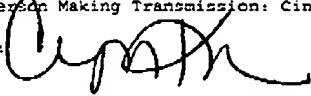
**FACSIMILE
TRANSMISSION
TO USPTO**

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DOCUMENT(S) FAXED:

PAGES ATTACHED: 5

Re Applic of
Docket No.
Serial No.
Filing Date
Attorney

Caroline Boulenger
FR919990065
09/756,997
1/8/01
Joseph P. Abate

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JAN 27 2004

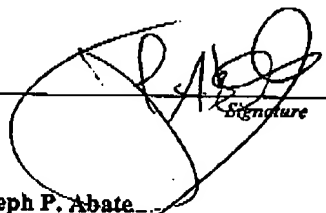
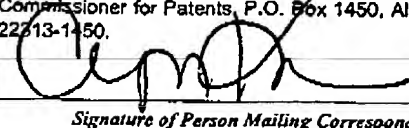
OFFICIALAttached: Amendment, Amendment Transmittal Form and Corrected
Amendment.**PLEASE DELIVER TO:**
EXAMINER: Christy L. Novacek
ART UNIT: 2822
PHONE NO:
FAX NO: 703-872-9306

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INTERNATIONAL BUSINESS MACHINES CORPORATION

Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531

Fax: 845-892-6363
Phone: 845-894-4633

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FR919990065	
Applicant(s):					
Serial No. 09/756,997	Filing Date 01/08/01	Examiner Novacek, Christy L.	Group Art Unit 2822		
Invention: Method For Eliminating Development Related Defects in Photoresist Masks					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	-	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 09-0458 in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: January 20, 2004		
Joseph P. Abate Attorney for the Applicant Reg.No: 30,238			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being sent via facsimile on January 20, 2004 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> Signature of Person Mailing Correspondence Cindy Kane Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					